

INDIANA DEC HEALTH COVERAGE GUIDE

The Indiana Health Coverage Program (IHCP) guide to coverage of charges for medical, developmental, dental and mental health services for Drug Endangered Children (DEC)

Drug Endangered Children are children under age 18 found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home (“meth labs”) or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue (“meth homes”). Both scenarios fall within Indiana’s statutory definition of child abuse/neglect. Children will be removed, given necessary health care and placed with alternate caregivers, as outlined below.

Procedure	DEC Services (Protocol)	IHCP Service Coverage	Covered Codes
1	IMMEDIATE PRELIMINARY MEDICAL ASSESSMENT To be performed within 2 hours of discovering children at a meth home.		
	The onsite assessment is done to determine whether children discovered at the scene are in need of Emergency Care . Medically trained personnel (e.g. EMT or paramedic) must do the assessment.	Non-reimbursable	Assessment by EMT or paramedic is included in the transportation service
	For child with obvious critical injury or illness, transport immediately to medical facility.	Yes	A0225, A0422, A0424, A0425 U1, A0425 U2, A0427, A0429, A0430, A0431, A0433, A0999
	For all children who are not obviously critical, perform medical assessment consisting of: <ul style="list-style-type: none"> • Vital signs (temperature, blood pressure, pulse, respirations) • Pediatric Triangle of Assessment (Airway, Breathing, Circulation) 	Yes - transportation Non-reimbursable - assessment	A0225, A0422, A0424, A0425 U1, A0425 U2, A0426, A0427, A0428, A0429, A0430, A0433, A0999 (Assessment by the EMT or paramedic is included in the transportation service)
	For life-threatening findings, seek immediate medical attention. Transport to a facility capable of pediatric emergency response appropriate to findings.	Yes	A0225, A0422, A0424, A0425 U1, A0425 U2, A0427, A0429, A0430, A0431, A0433, A0999
	If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by Indiana Department of Child Services (DCS) Family Case Manager (See Indiana DEC Protocol).	No	
2	EMERGENCY CARE (For critical health problems only) Problems requiring Emergency Care are those that cannot wait 24 hours to be fully evaluated and treated at the Complete Evaluation. Emergency Care must be provided as soon as possible after critical health problems are identified in the Initial Medical Assessment -- preferably within 2 hours, but not later than 4 hours, after the child is removed from a meth home.		
	Perform the Initial Medical Assessment if it was not done at the scene	Yes	99281-99285, 99291-99292

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2 (Cont)	Administer tests and procedures as indicated by clinical findings.	Yes	Use appropriate CPT/HCPCS codes
	A urine specimen for toxicology screening should be collected from each child. Use appropriate chain of evidence procedures and request that the screen be conducted at 50 nanograms or lower and that confirmatory tests results be reported at any detectable level .	Yes	81000
	Follow steps in Complete Evaluation (see Protocol #3) if appropriate to medical site and time permits or get assurance from DCS Family Case Manager that Complete Evaluation will be completed within 24 hours of child's removal from meth home.	Yes	See all codes under protocol #3.
	Secure the release of the child's medical records to all involved agencies, including DCS, law enforcement, and prosecution, to ensure ongoing continuity of care.	No	
3	COMPLETE EVALUATION AND CARE The complete evaluation needs to be done within 24 hours of removing a child from a meth home to ascertain a child's general health status.		
	Perform complete pediatric physical exam to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to: a. Neurologic screen b. Respiratory status	Yes	99381-99385, 99391-99395
	Perform required medical evaluations: a. Temperature (otic, rectal, or oral) b. Oxygen saturation levels c. Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase. d. Kidney function tests: BUN and Creatinine e. Electrolytes: Sodium, Potassium Chloride, and Bicarbonate f. Complete Blood Count (CBC) g. Chest x-ray (AP and lateral) h. Urinalysis and urine dipstick for blood, if not done at the scene, and it was less than 12 hours ago.	Yes	a. Included in Evaluation and Management b. 94760 c. 80076 (84450, 84460, 82247, 84075) d. 84520, 82565 e. 80051 (84295, 84132, 82435, 82374) f. 85027, 85025, g. 71020 h. 81000

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3 (Cont)	Perform optional clinical evaluations as appropriate given child's condition: <ul style="list-style-type: none"> a. Complete metabolic panel (Chem 20 or equivalent) b. Pulmonary function tests c. CPK d. Lead level (on whole blood) e. Coagulation studies f. Carboxyhemoglobin level 	Yes	a. 80053 b. 94010 c. 82550 d. 83655 e. 85345, 85347, 85348 f. 82375, 82376
	Conduct a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment; may need referral to a pediatric specialist. Note: If the child is between the ages of zero and three, the developmental screen may be completed by First Steps. The DCS Family Case Manager will make a First Steps referral.	Yes	96110, 96111 (if an EPSDT exam is not performed)
	Conduct a preliminary mental health screen to detect any critical issues that need immediate attention. Refer for immediate mental health assessment or crisis intervention services if critical issues detected; otherwise, DCS Family Case Manager will make a referral for an assessment within 30 days.	Non-reimbursable-screen Yes-Referral Yes	(Preliminary mental health screen included in the EPSDT exam) 90801 (mental health) H2011 (Crisis intervention by MRO provider)
	Conduct a preliminary dental screen to detect any critical issues that need immediate attention. Refer for immediate dental services if critical issues detected; otherwise refer child for a full dental exam to be completed within 30 days.	Non-reimbursable-screen Yes-Referral	(Preliminary dental screen included in the EPSDT exam) D0150
	For any positive findings, follow-up with appropriate care as necessary.	Yes	Use appropriate CPT/HCPCS codes
4	INITIAL FOLLOW-UP EXAM AND CARE A visit for Initial Follow-up Care occurs within 30 days of the Complete Evaluation reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services as the child's care plan and placement are established.		
	Follow-up of any abnormal baseline test results.	Yes	99201-99215
	Perform developmental examination (using instruments such as the Denver, Gesell, and Bayley) as indicated by the developmental screen in Protocol #3	Yes	96110, 96111 (if an EPSDT exam in not performed)
	Conduct mental health history and evaluation (requires a qualified pediatric professional).	Yes	90801
	If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings	Yes	Use appropriate CPT/HCPCS codes
Based on the results of follow-up exams, the adequacy of child's shelter/placement situation reviewed by the DCS Family Case Manager and modified if necessary.	No		

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5	<p>LONG-TERM FOLLOW-UP EXAM AND CARE Long-term follow-up care is designed to 1) monitor physical, emotional, and developmental health, 2) identify possible late developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. At minimum, a pediatric visit is required 12 months after the Complete Evaluation was administered. Drug Endangered Children should receive follow-up services a minimum of 18 months post removal.</p>		
	<p>Pediatric Care Visits. The visits should occur according to the American Academy of Pediatrics' schedule.</p> <ul style="list-style-type: none"> a. Follow-up for previously identified problems. b. Perform comprehensive (EPSDT) physical exam and laboratory examination with particular attention to: <ul style="list-style-type: none"> 1) Liver function (repeat panel at first follow-up only unless abnormal). 2) Respiratory function (history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds). 3) Neurologic evaluation. c. Perform full developmental screen. d. Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist, or licensed child mental health professional). 	Yes	<ul style="list-style-type: none"> a. Use appropriate CPT/HCPCS codes b. 99211-99215, 99381-99385, 99391-99395 <ul style="list-style-type: none"> 1) 80076 (84450, 84460, 82247, 84075) 2) Included in exam 3) Included in exam c. 96110, 96111 (if an EPSDT exam is not performed) d. 90801
	<p>Plan follow-up and treatment or adjust existing treatment for any medical problems identified.</p>	Yes	<p>Use appropriate CPT/HCPCS codes</p>
	<p>Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified as necessary.</p>	No	
	<p>Plan follow-up strategies for developmental, mental health or placement problems identified.</p>	Yes - developmental/mental health problems	<p>Use appropriate CPT/HCPCS codes</p>
	<p>Conduct pediatric care visits including developmental screen and mental health evaluation at 6, 12, and 18 months post Complete Evaluation.</p>	Yes	<p>99211-99215, 99381-99385, 99391-99395</p>
	<p>Conduct home visits by pediatrically trained PHN or other nurse, at 3, 9, 15, and 18 months post Complete Evaluation. Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.</p>	Yes	<p>99600, 99600 TD, 99600 TE</p>